the body is recovered from. In order to do this a fair comprehension of the natural processes must exist, so that the remedial measures may harmonize with, and not contradict these natural processes."

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32. *Scarlatinal Anasarca and its Treatment.*—Dr. J. P. BRAMWELL states (*Edinburgh Medical Journal*, July, 1875) that in the last two epidemics of scarlatina which occurred in Perth, one in 1868, the other in 1874, he treated thirty-two cases of acute scarlatinal dropsy with but two deaths. "One of the fatal cases was seen too late, when no depletion could be thought of. This patient died of acute pulmonary œdema. From the severity of not a few of these cases, and the inadequacy of other means in a considerable proportion of them, there is no doubt in my mind but that several more of them would have terminated fatally had bloodletting not been boldly employed. Let me venture, then, to press this valuable old remedy in this disorder upon the notice of my professional brethren who may not have tried it, especially on the rising generation of physicians, who have been educated, perhaps, too exclusively in an expectant or building-up treatment."

The treatment adopted by Dr. B. was as follows: "When the case was one of moderate severity, and the uræmic symptoms not a conspicuous feature, sharp purgation with drastics, such as the comp. jalap, or comp. scammony powders, answers very well. It was found, however, that a very large dose was required to produce the desired effect, ʒss or even ℈ij of comp. jalap being often required for a child five or six years old. This purgation was alternated by vapour-baths, and at a later period, when febrile action was diminished, inf. of digitalis with acet. of potash was administered with good results. It will be found, however, that dropsical symptoms in the majority of such cases will persist in spite of all these means, and go on from bad to worse till alarming pulmonary complications show themselves, or convulsions supervene. What now is to be our line of procedure? We venture to affirm, that at this juncture abstraction of blood, either general or local—certainly general when there are convulsions—will act in a most beneficial manner, and convert in a short time an apparently hopeless case into a remediable one. In order to accomplish this, however, we must not hesitate to take blood freely, as ten ounces from the arm of a boy ten years of age, or four ounces by cupping over the loins in a child four or five years of age. Neither must we be deterred from this by the supposed anæmic condition which some writers on renal disorders have ascribed to such patients. The truth is, they are not anæmic at all, but are suffering from an acute disorder associated with a very different condition of blood from that existing in chronic renal disorders, and the rapidity with which they recover after sharp antiphlogistic treatment sufficiently shows this. Depletion acts like a charm in convulsions from acute uræmia, and we have seen a free diuresis set up in forty-eight hours after its employment, unaided by any other remedies."

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33. *Pneumonia.*—Dr. THOMAS BARR, in an interesting article on this disease (*Glasgow Med. Journal*, July, 1875), based on sixty-four cases in private practice, gives the following as the treatment he adopted:—

1st. I have never employed general blood-letting, and, with the exception of the man who died from gangrene of the lung, I have never used even leeches. I think few of my readers will consider that in my cases of death the fatal result would have been prevented by depletion.

2d. I have in a few employed antimony in what might be called antiphlogistic doses. I generally used it for its expectorant and diaphoretic effects, and have very rarely used it at all with children under five years of age. I very often find patients suffering from the disease, with an irritable stomach, perspiring skin, and soft pulse. In strong adults, with very acute symptoms, and none of these contraindicating signs, I have used it in full doses with great advantage.

3d. Mercury. I have not used this medicine at all, unless as a simple aperient.

4th. Opium. I think I have seen more good done by this drug than by any other single remedy. It gave comfort to the patient, relieving pain and allaying cough.

5th. Diaphoretics and expectorants have been given with advantage. These classes of remedies also include small doses of opium and tartar emetic.

6th. External applications. At early stages I have found ,most comfort from poultices of linseed meal and mustard, frequently repeated; while blisters were reserved for the more chronic stages, when the condensation of lung seemed to linger longer than usual.

With respect to the treatment of the children in whom the most of my fatal cases occurred; with the belief which I entertain of the real cause of danger, I have only adopted the restorative treatment. I have altogether eschewed bleeding, antimony, mercury. I have, of course, carefully confined the patient to a well-ventilated apartment (he requires all obtainable oxygen), with a comfortably warm temperature, given liquid diet, milk being the staple. If an infant at the breast, I limited its supply of breast-milk, and rather relieved its thirst by administration of cold barley-water; in the way of medicine, giving a diaphoretic mixture, small doses of ipecac. wine, sweet spirits of nitre, tincture of hyoscyamus, and solution of acetate of ammonia. Good has been done by allowing boiling water to evaporate near patient. Repeated linseed-meal and mustard poultices to back and front of chest have often done great good. As night approaches, the little patient often becomes very restless, annoyed by a constant hacking cough. Then I have often found the greatest benefit from a dose of Dover's powder, preferring to give one single full dose at night to small ones frequently repeated. Of course, if the case is complicated, with pent-up secretions in the air-tubes, I have avoided the Dover's powder. When the child is feeble, great benefit is derived from liniments to the chest, while beef-tea and brandy were often absolutely necessary to uphold strength till the patient passed through the crisis of the disease.

He states that "when one reads the statistics of hospital writers respecting this disease which have of late years been published, it requires not a little courage for a private practitioner to announce that he has had a mortality of one in six. But, supposing I selected my cases, and gave those only between the ages of six and fifty years, the ratio of deaths would be one in twenty-one, while of the forty-two cases between five and sixty-two, only two deaths took place."

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34. *A Study of Tubercle.*—This is the title of an interesting historical and experimental thesis by Dr. David Foulis (*Glasgow Med. Journal*, July, 1875), on the nature and source of tubercle. As the result of the present state of the inquiry, he states that "tubercle is the result of a local inflammation set up in certain cells of deranged vitality by irritation, either from solid particles, or from fluids of a composition unsuited to them. For a reason not yet quite made out, the usual vascularization of the product is not gone on with, and, therefore, while a tubercle may, and often does, become absorbed, it in most instances fails to receive an adequate supply of nutriment from the blood, and undergoes disorganization. That there is any 'inherent tendency' in the tubercle to disorganize we may safely and decidedly deny."

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35. *Artificial Diabetes.*—A paper was read by F. W. Pavy, M.D., at the Royal Society, on June 17, "On the Production of Glycosuria by the Effect of Oxygenated Blood on the Liver." The author referred to a former communication to the Society, on "Lesions of the Nervous System producing Diabetes" (*Proceedings of the Royal Society*, vol. x., 1859–60), in which he made known that division of certain parts of the sympathetic system occasioned the presence of sugar in the urine. The results given in that paper showed that there were other means, besides Bernard's celebrated experiment of puncturing the floor of the fourth ventricle, by which artificial diabetes could be induced, but they did not explain the reason of the appearance of the sugar, and the author still sought to discover something upon this point. The inquiry was pushed in various directions, but always with a fruitless issue until the summer of 1874. The author for some time past had been led to look to an altered condition of